

FORM
A19-1A
(REV. 6/95)



STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY NAME

State of Washington - DSHS
ADSA- Division of Developmental Disabilities
PO Box 45310
Olympia, WA 98504-5310

VENDOR OR CLAIMANT

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH NO.
3000		

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans Status.

BY

(SIGN IN INK)

(TITLE)

(DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)													RECEIVED BY			DATE RECEIVED	
DATE	DESCRIPTION								QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE				
PEREPARED BY				TELEPHONE NUMBER				DATE				AGENCY APPROVAL				DATE	
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER				VENDOR MESSAGE		USE TAX	UBI NUMBER		
REF DOC SUP	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJ	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJ	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER	
				APPN INDEX	PROGRAM INDEX												
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL			WARRANT NUMBER	